

<b>Case Number:</b>	CM14-0047057		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

She is currently diagnosed with neck, back, and extremity pain. A request was made for a thumb Spica splint. She is noted to have attended acupuncture in 2006 that "significantly helped her lifestyle". On February 27, 2014, she presented for an office evaluation with complaints of extreme pain and pressure bilaterally with more frequent back spasms. It is also noted that she has received bilateral hand steroid injections. Her current medications include Lorazepam, Neurontin, and Celebrex. The physical examination showed antigravity strength in all extremities with severe pain when tested against resistance, and painful range of motion (ROM). Overall, the physical examination was deemed limited due to pain exacerbation. Splinting is considered an initial conservative treatment for diagnoses of carpal tunnel syndrome and DeQuervain's Syndrome. However, no objective indications were documented to warrant the use of the Spica splint. Furthermore, it is unclear when the IW will be using the splint (day or night or both), or how long the IW will be using the splint, as prolonged splinting leads to further weakness and stiffness. The plan of care documentation includes continuation of physical therapy, acupuncture, pain management referral, and prescribed medications

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Neoprene thumb Spica splint right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263 to 266.

**Decision rationale:** Pursuant to the ACOEM, the neoprene thumb Spica splint is not medically necessary. Splinting is recommended as first-line conservative treatment for carpal tunnel syndrome, DeQuervain's, strains, etc., Scientific evidence supports the efficacy of neutral wrist splints, they should be used at night and maybe use during the day depending on activity with carpal tunnel syndrome. In this case, the injured worker complains of back pain neck pain and extremity pain. There is a request for a neoprene thumb Spica splint; however there is no indication or documentation to support the Spica splint request. The injured worker, on February 27, 2014, presented for an office evaluation with complaints of extremity pain and more frequent back spasms. She received bilateral hand steroid injections and there was pain on range of motion of the extremities. Overall, the physical examination was deemed limited due to pain exacerbation while splinting is considered the initial conservative treatment for diagnoses of carpal tunnel syndrome and DeQuervain's. There was no documentation to support the use of the Spica splint, however. Based on the clinical information the medical record and the peer review evidence-based guidelines, the thumb Spica splint is not medically necessary